

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	FONDY CARTER		FILED	COURT CASE NUMBER	NMG 105-CV-11335
DEFENDANT	DR. NEWLAND		100	TYPE OF PROCESS	26 AOV-3 P4 26 300 GENEVA
SERVE	Deven Medical Center		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DISTRICT COURT DISTRICT OF MASS		
AT	P.O. Box 880, Ayer		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) MASSACHUSETTS 01432		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
<input checked="" type="checkbox"/> FONDY CARTER F. J. Deven Medical Center P.O. Box 880 Ayer, MA 01432		
		Number of parties to be served in this case
		<input checked="" type="checkbox"/> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Fondy Carter</u>	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>32</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Honey Jackson</u>	Date <u>4/2/05</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <input type="checkbox"/> Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Service by Out Mail 4/6/05 at

* Process returned by US BOP
Please see attached letter at



U.S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center, Devens

P.O. Box 880

Ayer, MA 01432

October 20, 2005

**US Department of Justice
United States Marshals Service
District of Massachusetts
United States Courthouse
1 Courthouse Way, Suite 500
Boston, MA 02210**

Dear Sir or Madam:

I am returning the enclosed envelope with the complaint and summons sent via certified mail addressed to Dr. Newland. Please be advised Dr. Newland is no longer employed at FMC Devens.

If you have any questions , please feel free to contact me at (978) 796-1000, Ext. 1039.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl L. Magnusson".

**Cheryl L. Magnusson
Legal Assistant**

Enclosures